



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
**DATAMASTER MAINTENANCE REPORT**

GHQ Academy

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN <b>204102</b>	DATE OF INSPECTION <b>6/4/2009</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>1510 E. Elm St., Jefferson City</b>	TIME OF INSPECTION <b>15:00</b>

**CHECKLIST:** Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

<input checked="" type="checkbox"/> <b>DIAGNOSTIC CHECK (PRINTOUT ATTACHED)</b>	
<input checked="" type="checkbox"/> <b>COMPUTER</b>	<input checked="" type="checkbox"/> <b>DETECTOR</b>
<input checked="" type="checkbox"/> <b>PROGRAM</b>	<input checked="" type="checkbox"/> <b>FILTERS</b>
<input checked="" type="checkbox"/> <b>HEATERS SAMPLE CHAMBER</b> +50°C	<input checked="" type="checkbox"/> <b>QUARTZ STANDARD</b>
<input checked="" type="checkbox"/> <b>FLOW DETECTOR</b>	<input checked="" type="checkbox"/> <b>CALIBRATION</b>
<input checked="" type="checkbox"/> <b>PUMP HIGH SPEED</b>	<input checked="" type="checkbox"/> <b>PRINTER</b>
<input checked="" type="checkbox"/> <b>INDICATOR LIGHTS</b>	
<input checked="" type="checkbox"/> <b>TIME AND DATE</b> 13:15            6/2/2009	
<input checked="" type="checkbox"/> <b>SIMULATOR TEMPERATURE (34 °C ± 0.2°C)</b> +34.13°C	
<input checked="" type="checkbox"/> <b>CALIBRATION CHECK -</b> Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP) <input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE <input checked="" type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE <b>(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b>	

TEST 1        .038	TEST 2        .039	TEST 3        .039
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<input checked="" type="checkbox"/> <b>PERFORM R.F.I. TEST (PRINTOUT ATTACHED)</b>											
<input checked="" type="checkbox"/> <b>NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)</b>											
REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(Over .19)	0

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

Upgraded firmware from 12-15-1999 to 04-07-2009. Reset time of instrument (DST).

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Guth Laboratories, lot #09010, expiring 1/6/2010

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME Dewayne D. Carver
TYPE II PERMIT NUMBER/EXPIRATION DATE 720219            10/29/2009	TELEPHONE NUMBER (573) 751-4722



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **09010** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.0482** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **January 6, 2010** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.04** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204102

06/04/09  
15:00

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS  
SAMPLE CHAMBER: 50c

FLOW DETECTOR: OKAY

PUMP  
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnopqrstuvwxyz{|}~

OPERATOR SIGNATURE

Card Stock No.

60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 10000 ST. LOUIS, MO 63108

*Carver/Dwayne*

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204102  
06/04/09

TESTING OFFICER:

CARVER/DEWAYNE/D

OFFICER I.D.: C41

PERMIT NUMBER: 720219

EXPIRATION DATE: 10/29/09

MISCELLANEOUS DATA:

.04 VAPOR CALIBRATION CHECK

GUTH LABS LOT 09010 EXP 1/6/2010

--- SUPERVISOR MODE ---

BLANK TEST	.000	15:04
INTERNAL STANDARD	VERIFIED	15:04
EXTERNAL STANDARD	.038	15:04
BLANK TEST	.000	15:05
EXTERNAL STANDARD	.039	15:05
BLANK TEST	.000	15:06
EXTERNAL STANDARD	.039	15:06
BLANK TEST	.000	15:07

N = 3

SIM. = .1

AVG. = .0386

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204102  
06/04/09

ARREST TIME: 00:00

SUBJECT NAME:

X

DOB: 01/01/01 SEX: M

STATE/D.L.: XX/X

ARRESTING OFFICER:

X

OFFICER I.D.: X

TESTING OFFICER:

CARVER/DEWAYNE/D

OFFICER I.D.: C41

PERMIT NUMBER: 720219

EXPIRATION DATE: 10/29/09

MISCELLANEOUS DATA:

RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	15:11
INTERNAL STANDARD	VERIFIED	15:11
SUBJECT SAMPLE	.000	15:11
RADIO INTERFERENCE		

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



DEWAYNE D. CARVER

is hereby authorized to instruct and supervise operators, train instructors, inspect,  
calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar)  
air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 10/29/07

Number 720219

Expires 10/29/2009

MO 580-0771 (7-88)

  
Director of State Public Health Laboratory

  
Director, Department of Health

Lab. 4 (R7-88)